



WHOLESALE'S REPORT OF
*** * PAYMENT * ***
BY DELINQUENT RETAIL LICENSEE

TO THE CITY OF MILWAUKEE, CITY CLERK - LICENSE OFFICE

This is to certify that _____
Name of individual, partnership, corporation or limited liability company licensee

doing business at _____ Milwaukee, WI
Address of premises

has paid the following invoices which were previously reported to you as delinquent:

Invoice Number	Date	Amount	Invoice Number	Date	Amount
1. _____		\$ _____	6. _____		\$ _____
2. _____		\$ _____	7. _____		\$ _____
3. _____		\$ _____	8. _____		\$ _____
4. _____		\$ _____	9. _____		\$ _____
5. _____		\$ _____	10. _____		\$ _____

INSTRUCTIONS TO WHOLESALE: In order to avoid business loss to the retail licensee, this release must be delivered to the license office prior to the expiration of the current retailer's license.

Date: _____

(Signature and title)

(Name of Wholesaler)

(Address and Phone Number of Wholesaler)

**City of Milwaukee, License Division,
200 E. Wells Street, Room 105
Milwaukee, WI 53202
414-286-2238
license@milwaukee.gov
www.milwaukee.gov/license**